

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490375       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">MM / DD / YYYY</span>			
Full Name of Payee <input type="checkbox"/> Memo Item <b>ELead Resources</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  03 / 11 / 2016 </div>	
Mailing Address <b>314 W Superior St</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1636.62</div>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60654</b>	<b>Transaction ID : D710688</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  03 / 11 / 2016 </div>
Purpose of Expenditure <b>Printing</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Erin L FitzGerald</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  03 / 10 / 2016 </div>	
Mailing Address <b>1028 Florida Street</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1050.00</div>	
City <b>Vallejo</b>	State <b>CA</b>	Zip Code <b>94590</b>	<b>Transaction ID : D710689</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  03 / 11 / 2016 </div>
Purpose of Expenditure <b>Video Production</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2686.62</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Martha Kuhl</u>		Date <span style="border: 1px solid black; padding: 0 5px;">MM / DD / YYYY</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 08 / 2016</div>	
[Electronically Filed]		Date	